



# SANTA ROSA JUNIOR COLLEGE

## ADJUNCT FACULTY MEDICAL BENEFITS PROGRAM

### PREMIUM PAYMENT VOUCHER

(due no later than the 15<sup>th</sup> of each month)

*Monthly Premiums for 10/1/2021 – 3/31/2021*

Employee Name: \_\_\_\_\_

Payment for the month of: \_\_\_\_\_

#### Kaiser Permanente HMO Adjunct Faculty Rates:

_____	<b>\$357.50</b> Single (full premium	\$715.00)
_____	<b>\$746.00</b> Double (full premium	\$1,492.00)
_____	<b>\$1,035.50</b> Family (full premium	\$2,071.00)

#### Blue Shield HMO Adjunct Faculty Rates:

_____	<b>\$406.50</b> Single (full premium	\$813.00)
_____	<b>\$861.50</b> Double (full premium	\$1,723.00)
_____	<b>\$1,198.50</b> Family (full premium	\$2,397.00)

#### Blue Shield PPO Adjunct Faculty Rates:

_____	<b>\$454.00</b> Single (full premium	\$908.00)
_____	<b>\$966.00</b> Double (full premium	\$1,932.00)
_____	<b>\$1,345.50</b> Family (full premium	\$2,691.00)

#### Kaiser HSA Adjunct Faculty Rates:

_____	<b>\$285.00</b> Single (full premium	\$570.00)
_____	<b>\$594.0</b> Double (full premium	\$1,188.00)
_____	<b>\$824.00</b> Family (full premium	\$1,648.00)

#### Blue Shield HSA Adjunct Faculty Rates:

_____	<b>\$320.00</b> Single (full premium	\$640.00)
_____	<b>\$698.50</b> Double (full premium	\$1,397.00)
_____	<b>\$982.50</b> Family (full premium	\$1,965.00)

Please indicate your coverage and return a copy of this voucher (by the 15<sup>th</sup> of each month) with your payment to:

**SANTA ROSA JUNIOR COLLEGE**  
**ATTN: DEBBIE WEATHERLY, ACCOUNTING**  
**1501 MENDOCINO AVENUE**  
**SANTA ROSA, CALIFORNIA 95401**  
[dweatherly@santarosa.edu](mailto:dweatherly@santarosa.edu)  
**707-527-4505**